

Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

AFFIDAVIT OF EXEMPTION

The undersigned, does hereby swear and affirm that he/she is the individual designated to coordinate and accomplish the timely filing of all required financial forms with the Delaware Department of Insurance for _____, an insurer licensed to transact the business of insurance within the State of Delaware. Premiums earned and losses incurred are below the threshold for each line of business exempting _____ from Regulation 303 (formerly Regulation 57) filing.

NAIC: _____

By: _____

NAME

TITLE

ADDRESS

PHONE AND FAX NUMBERS

E-MAIL ADDRESS

State of _____

County of _____

I _____, a Notary Public in and for the State and County aforesaid, do hereby certify that the foregoing Affidavit was this day produced to me and was acknowledged to be his/her act and deed.

Witness my hand and seal of this _____ day of _____, _____.

Notary Public

My commission expires: